

FROM : SALIWANCHIK, JE Kyle

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TO: Examiner Ko Hung Chan

FAX NO.: 1-571-273-8300

COMPANY: U.S. Patent & Trademark Office, Art Unit 3632

FROM: Jean Kyle (Reg. No. 36,987) *JK*

NUMBER OF PAGES (INCLUDING COVER SHEET): 2

DATE: October 26, 2005

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SUBJECT/MESSAGE: Re: Serial No. 10/736,804; Filed- 12/15/2003
Docket No. LSN-4cdXCD1

1. Revocation of Power of Attorney-1 page

PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0851-0035

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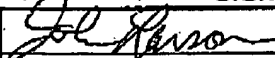
Application Number	10/736,804
Filing Date	December 15, 2003
First Named Inventor	Larson
Art Unit	3632
Examiner Name	Ko Hung Chan
Attorney Docket Number	LSN-4cdXCD1

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	John Larson				
Address	P.O. Box 1197				
City	Hamilton	State	MT	Zip	59840
Country	US				
Telephone	406-363-3804	Email			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature					
Name	John Larson				
Date	10-26-05	Telephone	406-363-3804		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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